

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

091071,541  
APPLICANT(S)

FILING DATE

419125 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1		1	
2						
3						
4		3		3		1
5		3		1		1
6		1		1		
7						
8		1		1		1
9	1		1		1	
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11						
12						
13	1		1		1	
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50						
TOTAL IND.	3		3		3	
TOTAL DER.	12		15		12	
TOTAL CLAIMS	15		18		15	

	A		B		C	
	IND.	DER.	IND.	DER.	IND.	DER.
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99						
100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS